

CATAWBA ISLAND TOWNSHIP
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

This application will not be considered for employment with the Public Entity unless all information requested has been completed. Your resume is not a substitute for this application; however, you may attach it when completed. All applications must be submitted to the Catawba Island Township Trustees at 4822 E Cemetery Road, Port Clinton, OH 43452.

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, or veterans status, citizenship, genetic information, or disability.

Personal Information

Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Home Phone: (____) ____ - _____	Are you a United States Citizen or legally eligible to work in The U.S.? Yes ____ No ____ (<i>if hired, you will be required to provide documentation that you are eligible to work in the U.S.</i>)		
Work Phone: (____) ____ - _____			
Other: (____) ____ - _____			
Are you 18 or over? Yes ____ No ____			
Position Desired:	Date Available to Work		
Are you available for full-time work? Yes ____ No ____			
Are you available for part-time work? Yes ____ No ____			
Are you available for seasonal work? Yes ____ No ____			
How did you learn of this job opening? _____			
Have you been previously interviewed or employed by the Public Entity? Yes ____ No ____ If Yes, list date(s) and job title(s): _____			
Do you have any relatives currently working for the Public Entity? Yes ____ No ____ If yes, list date(s) and job title(s): _____			
Are you employed now? Yes ____ No ____ If so, may we contact your present employer? Yes ____ No ____			
Complete this section only if the job for which you are applying might require you to drive Company vehicles.			
Do you have a valid State of Ohio Driver's License? Yes ____ No ____			
Do you have a valid Driver's License from another state? Yes ____ No ____			
Do you have a valid commercial Driver's License? Yes ____ No ____			
License number and state: _____			
Has your driver's license ever been suspended, revoked, denied or cancelled? Yes ____ No ____ If yes, please explain: _____			

Please provide your email address:

Education

Name and Location	# Years Completed	Major area of Study	Degree/Diploma
High School			
College			
Graduate School			
Technical or Certificate Programs			

Employment History

Please provide the following information for your previous three employers, beginning with the most recent (please attach an additional page if necessary, do not use "see attached resume".)

Employer #1:	Dates Employed: From _____ To _____	Job Title
Address:		
Telephone:	Job Duties:	
Annual Salary Start: _____ Finish _____		
Reason for Leaving:		
Will you receive a satisfactory reference from this Employer? Yes _____ No _____		If "No", please explain:
Employer #2:	Dates Employed: From _____ To _____	Job Title
Address:		
Telephone:	Job Duties:	
Annual Salary Start: _____ Finish _____		
Reason for Leaving:		
Will you receive a satisfactory reference from this Employer? Yes _____ No _____		If "No", please explain:

Employer #3:	Dates Employed: From _____ To _____	Job Title
Address:		
Telephone:	Job Duties:	
Annual Salary Start: _____ Finish _____		
Reason for Leaving:		
Will you receive a satisfactory reference from this Employer? Yes _____ No _____		If "No", please explain:
Employer #4:	Dates Employed: From _____ To _____	Job Title
Address:		
Telephone:	Job Duties:	
Annual Salary Start: _____ Finish _____		
Reason for Leaving:		
Will you receive a satisfactory reference from this Employer? Yes _____ No _____		If "No", please explain:
Employer #5	Dates Employed: From _____ To _____	Job Title
Address:		
Telephone:	Job Duties:	
Annual Salary Start: _____ Finish _____		
Reason for Leaving:		
Will you receive a satisfactory reference from this Employer? Yes _____ No _____		If "No", please explain:

Have you ever been discharged or asked to resign by an employer? Yes No
If "yes", please explain:

Describe your qualification for the type of employment you are seeking: (Please include skills, special training, etc.)

Please list any special awards, honors, scholarships, or offices held:

References Please list names of supervisors, managers, or others who can comment directly on your abilities:

Name	Address	Phone	Relationship/Occupation	Years Known

Military Service Record – Completing this section of the application is optional. In order to be considered for civil service credit for military service, you must complete this section and attach a copy of the DD214 discharge papers.

Are you a veteran of the U.S. Military Service? Yes _____ No _____

If yes, what branch? _____

Dates of Duty: From _____ to _____

Rank at Discharge **Type of Discharge**

List duties in the service, including special training

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY

By signing below, I certify that I have read, understand and agree to each of the following statements:

All of the information I have supplied on this application is true, accurate and complete, to the best of my knowledge, and I have not knowingly withheld any information that, if known to Catawba Island Township, would affect my application unfavorably.

If I am appointed by Catawba Island Township, and if Catawba Island Township discovers at any time during my appointment that any of the statements or answers on this application are false, misleading, or incomplete, I may be dismissed immediately from the Board, subject to the Ohio Revised Code (ORC), where applicable.

This application will be considered only if it is submitted in response to a current Board opening. If I want to be considered for a future opening with Catawba Island Township, I must fill out another application in response to that opening or contact the Zoning Inspector to request consideration of this application.

If offered an appointment, I agree to submit to post-offer pre-appointment testing for drugs or alcohol prior to serving on the Board and understand that a positive test will form the basis for rescission of any appointment. I understand that if I am appointed to a Board by the Catawba Island Township Trustees, I may be required, when job related and consistent with Catawba Island's business needs, to undergo a medical examination or testing for alcohol. I further understand that I may be required to submit to a test for the use of illegal drugs.

In consideration of my appointment with Catawba Island Township, I agree to adhere to Catawba Island's core values and organizational goals and abide by all Catawba Island Township's rules and regulations.

I understand that nothing in this application creates a contract of employment between me and Catawba Island Township. If I am appointed by Catawba Island Township, the Board of Trustees may remove me for cause from the Park Board; remove me for cause from the Zoning Commission, after public hearing, in accordance with the provisions of ORC Section 519.04; and remove me for cause from the Board of Zoning Appeals, after public hearing, in accordance with the provisions of ORC Section 519.13. The length of the appointment is subject to ORC Section 511.19 for the Park Board, ORC Section 519.04 for the Zoning Commission and ORC Section 519.13 for the Board of Zoning Appeals.

I agree to release to Catawba Island Township or its designated agents all medical information, including but not limited to files, reports, x-rays, evaluations, and opinions held by medical personnel, to the extent such information is job-related and consistent with Catawba Island Township's business needs. I acknowledge that this is a general release and that if appointed, it remains in effect for the duration of my Board appointment.

In the event of my personal indebtedness to Catawba Island Township, I authorize Catawba Island Township to withhold from my wages, including any last paycheck, such amounts as permitted by law to satisfy my obligation to Catawba Island Township.

READ CAREFULLY BEFORE SIGNING:

I understand and agree that any causes of action or claims that I may have or bring against Catawba Island Township, or that Catawba Island Township may have or bring against me, shall be commenced within the applicable statute of limitations period, within six (6) months of my knowledge of such claim or cause of action, or within six (6) months after my separation from the Board appointment, whichever is earlier.

I give Catawba Island Township my permission to conduct any investigation regarding the information contained in my employment application, which Catawba Island Township thinks is necessary to determine my qualifications for assuming a Board appointment with Catawba Island Township. I give Catawba Island Township my permission to contact any former employer, school, college or university, utility company, credit or finance bureau or office, any personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, credit, education, or employment record, and I give my consent to any such source to release to Catawba Island Township whatever information they have about me. I also unconditionally release all named and unnamed sources from any and all liability that might result from furnishing any information about me.

Date

Signature